



State of New Hampshire 2005 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2005

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 01/11/2005

Business ID: 448565

William M. Gardner

Secretary of State

CIMARRON MORTGAGE COMPANY INCORPORATED

6311 RIDGEWOOD ROAD , SUITE 400W
JACKSON , MS 39211

ADDRESS OF PRINCIPAL OFFICE:

6311 RIDGEWOOD ROAD , SUITE 400W
JACKSON , MS 39211

REGISTERED AGENT AND OFFICE:

CT CORPORATION SYSTEM
9 CAPITAL STREET
CONCORD , NH 03301

ENTITY TYPE: CORPORATION

BUSINESS ID: 448565

STATE OF DOMICILE: MISSISSIPPI

FEDERAL ID: 640809254

MORTGAGE SERVICER

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

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The new mailing address

☐

The new principal office address

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES PAUL J SALVO
STREET 6311 RIDGEWOOD ROAD, SUITE 400W
CITY/STATE/ZIP JACKSON, MS 39211
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

NAME PAUL J SALVO
STREET 6311 RIDGEWOOD ROAD, SUITE 400W
CITY/STATE/ZIP JACKSON, MS 39211
NAME MICHAEL T MCREE
STREET 119 S. PRESIDENT STREET
CITY/STATE/ZIP JACKSON, MS 39201
NAME HUGH COYT BAILEY, JR.
STREET 1052 HIGHLAND COLONY PKWY
CITY/STATE/ZIP RIDGELAND, MS 39157
NAME RODERICK A MOORE
STREET 1800 E. COUNTY LINE ROAD
CITY/STATE/ZIP RIDGELAND, MS 39157

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

To be signed by an officer, director, or any other person authorized by the board of directors.

I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

MARY M YORK

Please print name and title of signer:

MARY M YORK

/

AUTHORIZED PARTY

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529